



Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Community Based Mobile Crisis"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="See below"/>	
Scope Limit:		
<input type="text" value="None"/>		
Other:		
<input type="text" value="Coverage in accordance with Att. 3.1-A Item 13(15)."/>		
<input type="button" value="Add"/>		

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